| CER'S NAME, ADDRESS, DISBURSING STATION | N SYMBOL NO. | | | | |
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| DISBURSING OFFICER'S NAME, ADDRESS, DISBURSING STATION SYMBOL NO. | | AGENT OFFICER'S NAME, GRADE, SSN, UNIT ADDRESS (Include ZIP Code/APO number) and Telephone number) | | | |
| TRANSACT | TIONS AFFECTING A | SENT OFFICER'S | ACCC | UNT | |
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| N HANDS OF AGENT OFFICER | | | | | |
| | STATEMI | NTS | | | |
| DISBURSING OFFICER | | | | AGENT OFFICER | |
| ON ADVANCE: I HAVE INTRUSTED FUNDS AND/OR OTHER ITEMS AS INDICATED IN THIS STATEMENT TO THE ABOVE NAMED AS MY AGENT OFFICER. DATE SIGNATURE OF DISBURSING OFFICER | | ON ADVANCE: I, AS AGENT OFFICER, HAVE FUNDS AND/OR OTHER ITEMS AS INDICATED ABOVE. I HAVE ASSUMED PECUNIARY RESPONSIBILITY THEREFOR. I WILL NOTIFY THE DISBURSING OFFICER IMMEDIATELY UPON DISCOVERY OF ANY LOSS OR SHORTAGE, AND I HAVE RECEIVED AND UNDERSTAND WRITTEN INSTRUCTIONS CONCERNING MY DUTIES AND RESPONSIBILITIES AS AN AGENT OFFICER. | | | |
| SIGNATURE OF DISBURSING OFFICER | | DATE | SIGNAT | URE OF AGENT OFFICER | |
| ON RETURN: I HAVE RECEIVED FUNDS AND/OR ITEMS AS INDICATED ON THIS STATEMENT FROM THE ABOVE NAMED AGENT OFFICER. DATE SIGNATURE OF DISBURSING OFFICER | | ON RETURN: THE ABOVE STATEMENT OF ACCOUNT IS CORRECT. Date SIGNATURE OF AGENT OFFICER | | | |
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